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paralysis, most authors mentioning them, but without offering any proof, there existing only a small number of observations that are truly conclusive, and most of the authors failing to distinguish, from the point of view of the production of these fractures, between dementia and general paralysis.

Froelich's case was that of a man of 43 years, who presented himself as an out patient, having a fracture of both bones of the fore-arm. Three days before on lifting a shovelful of dirt he felt a slight pain in his arm and at the same time heard a slight cracking, but he continued his work.

The clinical history as given by Froelich leaves no doubt that the patient was suffering from general paralysis. That the fracture was really spontaneous there seems to be no doubt, since shoveling dirt would not produce a fracture in a normal man. The manipulations necessary for putting the arm in a plaster dressing caused no pain to the patient. The patient returned five weeks later to have the plaster removed; union was complete. At the same time he showed his right arm, and examination showed that the two bones of the fore-arm were broken. He had slipped on a flight of stairs, and in falling struck with the back of hand, not very strongly, on some coal in a basket that he was assisting in carrying. The traumatism here was more considerable than in the first instance, but the shock was not violent and he did not know that he had broken any bones.

The points of interest are:

1. In a general paralytic, whose disease had existed over 6 months, two spontaneous fractures occurred at intervals of 5 weeks.
2. These fractures caused no pain to the patient at the moment of their production, nor at the time of their reduction.
3. The union was rapid, as has already been noted for this class of fractures.

BUDDEBERG, *Ueber die akut verlaufende depressive Form der Dementia paralytica*, Allg. Zt. f. Psychiatrie 1890 XLVI. 682.

Within a short period Buddeberg observed five cases of the depressive form of general paralysis. On entrance all three cases presented the classical picture of agitated melancholia; only in three cases was there a certain diminution of memory. Patients complained loudly of their misery, wrung their hands in despair, ran unsteadily about, and refused nourishment; hypochondriacal complaints were more rarely shown. After a short time there developed in all the cases signs of a profound organic lesion of the brain, as shown in difference and immobility of the pupils, pareses, etc. To the paretic symptoms there was added a rapid loss of mental powers, nutrition was greatly reduced, and on the entrance of intercurrent, febrile diseases, the disease ended fatally in the course of a few months; only one case lasted eleven months. Autopsies in four cases; the brains in general showed signs of a very acute encephalitis, the cortical substance being already in part atrophied. A cystoid degeneration of the cortical substance such as Schüle and Ripping have described for this form was not observed. As regards etiology four cases were hereditarily predisposed. Besides *trauma capitis*, mental over-exertion and work appeared to be important predisposing causes, but the number of cases is too limited to permit definite conclusions to be drawn. Patients all males.

COTTAM, *A case of general paralysis of the insane with crossed reflexes*, Lancet 1891 II. 288.

The patient was a male, age 55. The clinical history presented the usual mental and physical signs of general paralysis. The particular symptom of "crossed reflexes" was noticed after the disease had